

August 30, 2005

Montana Medicaid Notice

Physicians, Mid-Level Practitioners, Public Health Clinics, Podiatrists, IDTFs, Independent Labs and Psychiatrists

Blood Draws (CPT 36415 and 36416)

As of January 1, 2005, G0001 (routine venipuncture for collection of specimens) was deleted from the HCPCS Level II codes. Therefore CPT procedure code 36415 (collection of venous blood by venipuncture) remains the code to bill for non-capillary blood draws. CPT procedure code 36416 (collection of blood by capillary blood specimen (e.g. finger, heel, ear stick)) remains the code to bill for capillary blood draws.

CPT 36415 and 36416 are procedure codes in the surgical range and neither are modifier 51 exempt codes nor add-on codes. CPT guidance is to append modifier 59 (distinct procedural service) to those surgical procedures performed on the same day that are not related. However, Montana Medicaid has chosen to follow a policy similar to Medicare's, which requires billing of 36415 or 36416 without a modifier. Montana Medicaid is in the process of changing the claims processing system to allow the billing of 36415 or 36416 without a modifier. A mass adjustment will be submitted for claims with these procedure codes for dates of service January 1, 2005, up to the date of the system change.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>